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| Fill in this information to identify your case: | | | |
|---|---------------------------------|---|---------------------------------|
| United States Bankruptcy Court for the: | | | |
| NORTHERN DISTRICT OF ILLINOIS | = | | |
| Case number (if known) | _ Chapter you are filing under: | | |
| | Chapter 7 | | |
| | ☐ Chapter 11 | | |
| | ☐ Chapter 12 | | |
| | ☐ Chapter 13 | 1 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | | |
|----|--|---|--|----|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case) |): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Alice First name Faye | First name | |
| | license or passport). | Middle name | Middle name | |
| | Bring your picture identification to your meeting with the trustee. | Whalen Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8292 | | |

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Debtor 1 Alice Faye Whalen

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 1711 Foxfield Drive Belvidere, IL 61008 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Boone County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Document Debtor 1 Alice Faye Whalen Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box. | |
|-----|---|-------------|-----------------------------------|--|---|---|--|
| | choosing to file under | ■ Chapter 7 | | | | | |
| | | □с | hapter 11 | | | | |
| | | □с | hapter 12 | | | | |
| | | Оς | hapter 13 | | | | |
| 3. | How you will pay the fee | • | about how yo | u may pay. Typi attorney is subn | ically, if you are paying the fee yo | ck with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with | |
| | | | | | allments. If you choose this options (Official Form 103A). | on, sign and attach the Application for Individuals to Pay | |
| | | | but is not req that applies to | uired to, waive y o your family siz | your fee, and may do so only if your fee, and may do so only if you are unable to pay the | n only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line fee in installments). If you choose this option, you must fill Official Form 103B) and file it with your petition. | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No | | | | | |
| | iasi o years : | □ 16 | es. District | | When | Case number | |
| | | | District | | When | | |
| | | | District | | When | Case number Case number | |
| | | | Diotriot | | with | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | 0 | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | - | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | | ■ No | Go to l | ne 12. | | | |
| | residence? | □ Ye | | ur landlord obta | ined an eviction judgment agains | t you and do you want to stay in your residence? | |
| | | ` | J | No. Go to line 1 | | | |
| | | | | Yes. Fill out <i>Ini</i> bankruptcy peti | | Judgment Against You (Form 101A) and file it with this | |

| Deb | otor 1 Alice Faye Whaler | า | | Document | Page 4 of 55 | Case number (if known) |
|-----|---|--------------------|---|--------------------------------------|-----------------------|--|
| Par | t 3: Report About Any Bu | sinesses | You Own | as a Sole Proprietor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of business | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, State & ZIP | Code | |
| | it to this petition. | | Chec | k the appropriate box to desc | cribe your business: | |
| | | | | Health Care Business (as | | |
| | | | | Single Asset Real Estate (a | as defined in 11 U.S. | C. § 101(51B)) |
| | | | | Stockbroker (as defined in | 11 U.S.C. § 101(53A |)) |
| | | | | Commodity Broker (as defi | ined in 11 U.S.C. § 1 | 01(6)) |
| | | | | None of the above | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriately be addines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stater perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the product U.S.C. 1116(1)(B). | | | must attach your most recent balance sheet, statement of |
| | For a definition of small | ■ No. | I am r | not filing under Chapter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | am NOT a small bus | iness debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am f | iling under Chapter 11 and I | am a small business | debtor according to the definition in the Bankruptcy Code |
| Par | t 4: Report if You Own or | Have Any | y Hazardo | ous Property or Any Proper | ty That Needs Imme | diate Attention |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | |
| | of imminent and identifiable hazard to public health or safety? | — 163. | What is | the hazard? | | |
| | Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | |

Official Form 101

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

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Debtor 1 Alice Faye Whalen Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:
 - Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active П military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not re | quired to receiv | e a brief | ing about | credit |
|-------------|------------------|-----------|-----------|--------|
| counseling | because of: | | | |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Alice Faye Whalen Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1-49** you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Alice Faye Whalen Alice Faye Whalen Signature of Debtor 2 Signature of Debtor 1 Executed on January 28, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Alice Faye Whalen Page 7 07 55

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Douglas Miller | Date | January 28, 2016 |
|--|---------------|------------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Douglas Miller Printed name | | |
| The Crosby Law Firm Firm name | | |
| 475 Executive Parkway | | |
| Rockford, IL 61107 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (815) 397-2006 | Email address | dmiller@thecrosbylawfirm.com |
| 6308020 | | |
| Bar number & State | | |

| | | DUCUIII | ent Paue o Ul 33 | | |
|--------------------|--------------------------|-------------------|------------------|---|------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Alice Faye Whale | n | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| if known) | | | | [| Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 115,585.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 5,752.45 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 121,337.45 |
| Par | 12: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 117,305.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 46,818.00 |
| | Your total liabilities | \$ | 164,123.00 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,710.97 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,927.08 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other s | chedules. |
| 7. | Yes What kind of debt do you have? | | |
| 7. | — ···· | a persona | l, family |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Page 9 of 55 Case number (if known) Debtor 1 Alice Faye Whalen

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11: OR , Form 122B Line 11: OR , Form 122C-1 Line 14. | \$ | 2,215.01 |
|----|--|----|----------|
| | 122A-1 Line 11; OK , Form 122B Line 11; OK , Form 122C-1 Line 14. | Ψ | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Tota | l claim |
|--|------|---------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | Documei | nt Page 10 of 55 | | |
|--|---|---|--|------------------------------|---------------------|
| Fill in this infor | mation to identify your | case and this filing: | | | |
| Debtor 1 | Alice Faye Whale | en | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT O | F ILLINOIS | | |
| Case number | | | | | Check if this is an |
| - | | | | _ | amended filing |
| Schedul | e A/B: Prop | erty | | | 12/15 |
| it fits best. Be as o more space is nee | complete and accurate as ded, attach a separate she | possible. If two married people et to this form. On the top of a | e. If an asset fits in more than one categ e are filing together, both are equally res iny additional pages, write your name an ou Own or Have an Interest In | ponsible for supplying corre | ect information. If |
| | · · · · · | , | | | |
| Do you own or l | have any legal or equitable | interest in any residence, bui | Iding, land, or similar property? | | |
| ☐ No. Go to Pa | rt 2. | | | | |
| Yes. Where | is the property? | | | | |
| | | | | | |

1.1 What is the property? Check all that apply ☐ Single-family home Do not deduct secured claims or exemptions. Put the Street address, if available, or other description amount of any secured claims on Schedule D: ☐ Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home Current value of the Current value of the Land entire property? portion you own? \$115,585.00 \$115,585.00 City State ZIP Code Investment property Timeshare Describe the nature of your ownership interest Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one **Fee Simple** Debtor 1 only ☐ Debtor 2 only County ☐ Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: Single Family Residence commonly known as 1711 Foxfield Dr., Belvidere, IL 61008

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here.....

Official Form 106A/B Schedule A/B: Property page 1

Describe Your Vehicles

\$115,585.00

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Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

■ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

■ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

□ No

Document Page 12 of 55 Case number (if known) Debtor 1 Alice Faye Whalen Yes. Describe..... \$200.00 Clothes 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe.... \$50.00 Jewelry (Costume) 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,750.00 for Part 3. Write that number here Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Yes..... Cash \$20.00 Check (Overpayment to Crosbly Law Firm. refund check \$200.00 pending) 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Checking Account Fifth/Third Bank** \$682.45 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership:

Official Form 106A/B

Case 16-80200

Doc 1

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Desc Main

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Case number (if known) Document Alice Faye Whalen Debtor 1 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401k from former employer- Walmart Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information...

Schedule A/B: Property

Official Form 106A/B

Case 16-80200

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Case number (if known)

31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Beneficiary: Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$902.45 for Part 4. Write that number here...... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$115,585.00 56. Part 2: Total vehicles, line 5 \$3,100.00

Schedule A/B: Property

Official Form 106A/B

Debtor 1

Alice Faye Whalen

| | | Case 16-80200 | Doc 1 | Filed 01/29/16 | | 1/29/16 12:34:31 | Desc Main | l |
|-----|--------------------|------------------------------|----------------|-------------------|------------|--------------------------|-----------|------------|
| Deb | otor 1 | Alice Faye Whalen | | Document | Page 15 of | Case number (if known) | | |
| 57. | Part 3 | : Total personal and hou | sehold item | s, line 15 | \$1,750.00 | | | |
| 58. | Part 4 | : Total financial assets, li | ine 36 | _ | \$902.45 | | | |
| 59. | Part 5 | : Total business-related | oroperty, lin | e 45 | \$0.00 | | | |
| 60. | Part 6 | : Total farm- and fishing- | related prop | erty, line 52 | \$0.00 | | | |
| 61. | Part 7 | : Total other property not | t listed, line | 54 + _ | \$0.00 | | | |
| 62. | Total _I | personal property. Add lin | nes 56 throug | gh 61 | \$5,752.45 | Copy personal property t | otal | \$5,752.45 |
| 63. | Total | of all property on Schedu | ıle A/B. Add | line 55 + line 62 | | | \$12 | 1,337.45 |

Official Form 106A/B

Schedule A/B: Property

| | Docume | III Paue 10 01 55 | |
|--------------------------|-----------------------------|--|--|
| mation to identify your | case: | | |
| Alice Faye Whale | n | | |
| First Name | Middle Name | Last Name | |
| | | | |
| First Name | Middle Name | Last Name | |
| ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| | | | |
| | Alice Faye Whale First Name | Alice Faye Whalen First Name Middle Name First Name Middle Name | Alice Faye Whalen First Name Middle Name Last Name First Name Middle Name Last Name |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | , | | Specific laws that allow exemption | |
|--|--------------------------------------|---|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| Single Family Residence commonly known as 1711 Foxfield Dr., | \$115,585.00 | | \$15,000.00 | 735 ILCS 5/12-901 | |
| Belvidere, IL 61008 Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2006 Chevrolet Equinox with 69,000 Miles | \$3,100.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) | |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2006 Chevrolet Equinox with 69,000 Miles | \$3,100.00 | • | \$700.00 | 735 ILCS 5/12-1001(b) | |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Household goods Line from Schedule A/B: 6.1 | \$1,500.00 | | \$1,500.00 | 735 ILCS 5/12-1001(b) | |
| | | | 100% of fair market value, up to any applicable statutory limit | | |
| Clothes Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(a) | |
| LING HOLL GOLDGUIG AVD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | | |

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Case number (if known)

| Alice Laye Wilalell | | | | | | |
|---|-------------------------------------|--|---------|---|------------------------------------|--|
| | | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption | |
| | Copy the value from Schedule A/B | Che | | | | |
| Jewelry (Costume) Line from Schedule A/B: 12. | 1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) | |
| Ellio IIotti Goriodalio 772. 1=1 | • | | | 100% of fair market value, up to any applicable statutory limit | | |
| Check (Overpayment to Firm, refund check pend | • | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) | |
| Line from Schedule A/B: 16. | | | | 100% of fair market value, up to any applicable statutory limit | | |
| Checking Account Fifth | | \$682.45 | | \$700.00 | 735 ILCS 5/12-1001(b) | |
| Line nom <i>Schedule A/B</i> . 17. | • | | | 100% of fair market value, up to any applicable statutory limit | | |
| 401k from former emplo | | Unknown | | \$0.00 | 735 ILCS 5/12-1006 | |
| Line from Scneaule A/B: 21.1 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| Are you claiming a homest (Subject to adjustment on 4/0 No | | | | illed on or after the date of adjustme | ent.) | |
| Ξ | e property covere | ed by the exemption w | ithin 1 | ,215 days before you filed this case | ? | |
| | | | | | | |

| | | Document | Page 18 (| of 55 | | |
|--|----------------------------------|--|-------------------|--|--------------------------|-------------------|
| Fill in this informat | tion to identify you | | | | | |
| Debtor 1 | Alice Fave Whe | lan | | | | |
| _ | Alice Faye Wha | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| _ | First Name | Middle Name | Last Name | | | |
| Haita d Otata a Dando | | NODTHERN DISTRICT OF HILL | NOIC | | | |
| United States Bankr | uptcy Court for the | : NORTHERN DISTRICT OF ILLII | NOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | led filing |
| | | | | | | |
| Official Form | <u>106D</u> | | | | | |
| Schedule D | : Creditors | Who Have Claims S | Secured | by Propert | V | 12/15 |
| | | | | |) | |
| | | f two married people are filing together, , number the entries, and attach it to this | | | | |
| . Do any creditors hav | e claims secured by | vour property? | | | | |
| _ ` | - | this form to the court with your other s | schedules Voi | u have nothing else | to report on this form | |
| <u></u> | | • | scriedules. 100 | u nave nouning else | to report on this form. | |
| Yes. Fill in al | I of the information | below. | | | | |
| Part 1: List All S | ecured Claims | | | | | |
| 2. List all secured clai | ims. If a creditor has n | nore than one secured claim, list the creditor | or separately for | Column A | Column B | Column C |
| each claim. If more that | an one creditor has a p | particular claim, list the other creditors in Part 2. As much | | Amount of claim | Value of collateral | Unsecured |
| as possible, list the cial | ms in alphabetical ord | ler according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Ditech Finar | ncial Llc | Describe the property that secures the | e claim: | \$87,757.00 | \$115,585.00 | \$0.00 |
| Po Box 6172 Rapid City, S | | Single Family Residence com known as 1711 Foxfield Dr., Belvidere, IL 61008 As of the date you file, the claim is: Ch apply. | | | | |
| | | ☐ Contingent | | | | |
| Number, Street, Cit | y, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? | ? Check one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | · Official offic. | ☐ An agreement you made (such as mo | ortagae or secur | ad | | |
| ■ Debtor 1 only | | car loan) | ingage of secure | su | | |
| Debtor 2 only | - O b | | | | | |
| Debtor 1 and Debto | | ☐ Statutory lien (such as tax lien, mecha | anics lien) | | | |
| ☐ At least one of the c☐ Check if this claim | | ☐ Judgment lien from a lawsuit | | | | |
| community debt | i relates to a | Other (including a right to offset) | | | | |
| | Opened 4/01/04 Last Active | | | | | |
| Date debt was incurre | | Last 4 digits of account numbe | 1418 | | | |
| 2.2 Fifth Third B | Bank | Describe the property that secures the | e claim: | \$29,548.00 | \$115,585.00 | \$1,720.00 |
| Creditor's Name | | Single Family Residence com | | + 20,0 10100 | | <u> </u> |
| Fifth Third B | Rank | known as 1711 Foxfield Dr., | | | | |
| | Department, | Belvidere, IL 61008 | | | | |
| 1830 East Pa | | As of the date you file, the claim is: Ch | eck all that | | | |
| Grand Rapid | | apply. Contingent | | | | |
| Number, Street, Cit | y, State & Zip Code | ☐ Unliquidated | | | | |
| | • | ☐ Disputed | | | | |
| Who owes the debt? | ? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mo | ortgage or secure | ed | | |
| Debtor 2 only | | car loan) | | | | |
| ☐ Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mecha | anic's lien) | | | |

 \square Judgment lien from a lawsuit

lacksquare At least one of the debtors and another

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| Debtor 1 Alice Faye Whalen | | Case number (if know) | | | | | |
|--|---|-------------------------------------|-------------------------------------|----------------|------------------------------------|--|--|
| | First Name | Middle Name | Last Name | | | | |
| | if this claim re unity debt | elates to a | Other (including a right to offset) | | | | |
| Date debt | was incurred | Opened 2/01/01 Last Active 10/23/15 | Last 4 digits of account number | 3803 | | | |
| | | • | n A on this page. Write that number | here: | \$117,305.00 \$117,305.00 | | |
| | at number here | | Nobt That You Alroady Listed | | \$117,303.00 | | |
| Use this pa to collect f creditor fo | Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. | | | | | | |
| | me Address | 5 | On | which line in | Part 1 did you enter the creditor? | | |
| -140 | ONE- | | Oli | which line ii | | | |
| | | | Las | st 4 digits of | account number | | |

| | 0030 10 00200 | Document | Page 2 | 0 of 55 | . Describani |
|--|---|--|-------------------|---|--------------------------------------|
| Fill in this | information to identify your | | | | |
| Debtor 1 | Alice Faye Whale | n | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle Nesse | Loot Nome | | |
| (Spouse if, fill | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | |
| Case num | ber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106E/F | | | | |
| | | ho Have Unsecured | Claime | | 12/15 |
| | | Part 1 for creditors with PRIORITY | | art 2 for creditors with NONPPIO | |
| schedule G D: Creditors he Continu number (if k | Executory Contracts and Unexpi Who Have Claims Secured by Pration Page to this page. If you have | operty. If more space is needed, co e no information to report in a Part | not include a | iny creditors with partially secured u need, fill it out, number the entri | d claims that are listed in Schedule |
| | creditors have priority unsecured | | | | |
| _ ` | Go to Part 2. | rolainis against you i | | | |
| ☐ Yes | | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | | | |
| | creditors have nonpriority unsec | | | | |
| | | art. Submit this form to the court with y | our other sche | dules | |
| | | art. Submit this form to the court with y | our ourier scriet | uules. | |
| Yes | i. | | | | |
| claim, I | ist the creditor separately for each cl | ims in the alphabetical order of the aim. For each claim listed, identify wh er creditors in Part 3.lf you have more | at type of claim | it is. Do not list claims already inclu | ided in Part 1. If more than one |
| I | merican General | Lord A. P. Stone Communication | | 6023 | \$0.00 |
| | nancial/Springleaf Fi | Last 4 digits of acc | ount number | | |
| | pringleaf Financial/Attn: | | | Opened 7/01/11 Last A | ctive |
| | ankruptcy De | When was the debt | incurred? | 7/10/13 | |
| | o Box 3251 vansville, IN 47731 | | | | |
| | umber Street City State Zlp Code | As of the date you f | ile, the claim i | s: Check all that apply | |
| W | ho incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | ☐ Disputed | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIOR | ITY unsecured | d claim: | |
| | At least one of the debtors and and | ther Student loans | | | |
| | Check if this claim is for a comm | | | ration agreement or divorce that you | u did not |
| | the claim subject to offset? | report as priority clai | | | |
| | No | • | • | g plans, and other similar debts | |
| | Yes | 0.1 0 1/ | Household Auto | Goods And Other Collate | ral |

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Page 21 of 55 Case number (if know) Document Debtor 1 Alice Faye Whalen

| 4.2 | Cap1/frnrw | Last 4 digits of account number | 4633 | \$0.00 |
|-----|--|---|--|------------|
| | Nonpriority Creditor's Name 26525 N Riverwoods Blvd Mettawa, IL 60045 | When was the debt incurred? | Opened 11/01/07 Last Active 12/01/08 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | |
| | ☐ Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | I claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.3 | Capital One | Last 4 digits of account number | 2568 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Pob 30253 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 9/27/00 Last Active 7/19/14 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | |
| | ☐ Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | l claim: | |
| | \square At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.4 | Capital One | Last 4 digits of account number | 1542 | \$8,076.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 10/01/01 Last Active 7/24/14 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | • | ☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | l claim: | |
| | At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | |

Debtor 1 Alice Faye Whalen

Document Page 22 of 55
Case number (if know)

| 4.5 | Chase- BP | Last 4 digits of account number | 3019 | \$878.00 |
|-----|---|--|--|-------------|
| | Nonpriority Creditor's Name Chase Card Svcs/Attn:Bankruptcy Dept Po Box 15298 | When was the debt incurred? | Opened 9/11/01 Last Active 2/11/13 | |
| | Wilmington, DE 19850 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | ☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | I claim: | |
| | \square At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Ac | count | |
| 4.6 | Discover Financial | Last 4 digits of account number | 8709 | \$14,290.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 5/01/91 Last Active 7/28/14 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | П о | | |
| | Debtor 1 only | ☐ Contingent ☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | I claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Care | 1 | |
| 4.7 | Fia Csna/Bank of America | Last 4 digits of account number | 3345 | \$834.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15102 | When was the debt incurred? | Opened 8/01/06 Last Active 7/21/14 | |
| | Wilmington, DE 19886 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | , | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| | ☐ At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | 1 | |
| | | — Other. Specify | | |

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Document Page 23 of 55 Debtor 1 Alice Faye Whalen Case number (if know) 4.8 **Ford Motor Credit Corporation** Last 4 digits of account number 3892 \$0.00 Nonpriority Creditor's Name **Ford Motor Credit** Opened 7/01/11 Last Active When was the debt incurred? Po Box 6275 8/12/13 Dearborn, MI 48121 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Automobile ☐ Yes 4.9 \$7,541.00 Midland Funding 9331 Last 4 digits of account number Nonpriority Creditor's Name 2635 Northside Dr Ste 300 When was the debt incurred? Opened 3/01/15 San Diego, CA 92108 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Capital One** ☐ Yes Other. Specify 4.10 **Rockford Mercantile** Last 4 digits of account number 9081 \$272.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 7/01/09 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

Other. Specify Ctr

☐ Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney Osf St Anthony Medical

Is the claim subject to offset?

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Debtor 1 Alice Faye Whalen Case number (if know) 4.11 **Rockford Mercantile** Last 4 digits of account number 9097 \$174.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 9/01/12 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Illinois Pathologist** ☐ Yes Other. Specify **Services** 4.12 **Rockford Mercantile** Last 4 digits of account number 9082 \$376.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 7/01/09 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Osf St Anthony Medical** Other. Specify Ctr ☐ Yes 4.13 **Rockford Mercantile** Last 4 digits of account number 9085 \$343.00 Nonpriority Creditor's Name When was the debt incurred? 2502 S. Alpine Rd Opened 8/01/10 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Osf St Anthony Medical** Other. Specify Ctr ☐ Yes

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Debtor 1 Alice Faye Whalen Case number (if know) 4.14 **Rockford Mercantile** Last 4 digits of account number 9083 \$453.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 7/01/10 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Osf St Anthony Medical** Other. Specify ☐ Yes 4.15 **Rockford Mercantile** Last 4 digits of account number 9095 \$558.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 9/01/12 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Osf St Anthony Medical** Other. Specify Ctr ☐ Yes 4.16 **Rockford Mercantile** Last 4 digits of account number 9091 \$599.00 Nonpriority Creditor's Name When was the debt incurred? 2502 S. Alpine Rd Opened 7/01/12 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Osf St Anthony Medical** Other. Specify Ctr ☐ Yes

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Debtor 1 Alice Faye Whalen Case number (if know) 4.17 **Rockford Mercantile** Last 4 digits of account number 9093 \$343.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 7/01/12 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Osf St Anthony Medical** ☐ Yes Other. Specify 4.18 **Rockford Mercantile** Last 4 digits of account number 9086 \$2,554.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 8/01/10 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Osf St Anthony Medical** Other. Specify Ctr ☐ Yes 4.19 **Rockford Mercantile** Last 4 digits of account number 9090 \$5,071.00 Nonpriority Creditor's Name When was the debt incurred? 2502 S. Alpine Rd Opened 7/01/12 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Osf St Anthony Medical** Other. Specify Ctr ☐ Yes

Document Page 27 of 55 Debtor 1 Alice Faye Whalen Case number (if know) 4.20 **Rockford Mercantile** Last 4 digits of account number 9087 \$200.00 Nonpriority Creditor's Name Opened 2/01/12 Last Active 2502 S. Alpine Rd When was the debt incurred? 3/14/12 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Osf St Anthony Medical ☐ Yes Other. Specify 4.21 **Rockford Mercantile** Last 4 digits of account number 9084 \$112.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 7/01/10 Rockford, IL 61108 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Osf St Anthony Medical** ☐ Yes Other. Specify Ctr 4.22 **Rockford Mercantile** Last 4 digits of account number 2902 \$30.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:

☐ Yes

■ No

☐ Student loans

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

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Debtor 1 Alice Faye Whalen Case number (if know) 4.23 **Rockford Mercantile** Last 4 digits of account number 9100 \$1,115.00 Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 9/01/12 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Osf St Anthony Medical** ☐ Yes Other. Specify 4.24 Sears/cbsd Last 4 digits of account number \$0.00 1686 Nonpriority Creditor's Name Citicard Credit Srvs/Centralized Opened 2/01/00 Last Active When was the debt incurred? Bankrup 12/15/01 Po Box 20363 Kansas City, MO 64195 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes ■ Other. Specify Charge Account 4.25 Synchrony Bank/ HH Gregg Last 4 digits of account number 5554 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 5/25/05 Last Active Po Box 103104 When was the debt incurred? 6/22/06 Roswell, GA 30076 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

| Debtor 1 | Alice Fay | e Whalen | Document | Page 2 | 9 of 55 Case nu | D Imber (if know) | | | |
|--|---|---|---|--------------------|------------------------------------|---|---------------------------|--|--|
| | | Bank/Care Credit | Last 4 digits of acc | ount number | 7782 | | \$2,999.00 | | |
| | Nonpriority Cred Attn: bankr Po Box 103 Roswell, Go Number Street | uptcy 104 | When was the debt | | 10/18/ | - | - | | |
| | | the debt? Check one. | _ | mo, mo orami i | o. Onook o | ти и ак аррту | | | |
| | ■ Debtor 1 onl | v | ☐ Contingent | | | | | | |
| | Debtor 2 onl | • | Unliquidated | | | | | | |
| | Debtor 1 and | • | Disputed | | | | | | |
| | | of the debtors and another | Type of NONPRIOR | RITY unsecured | l claim: | | | | |
| | _ | s claim is for a community debt | ☐ Student loans | | | | | | |
| | Is the claim su | • | Obligations arising report as priority claim | • | ration agre | eement or divorce that you did not | | | |
| | ■ No | ., | | | g plans, ar | nd other similar debts | | | |
| | ☐ Yes | | Other. Specify | Charge Acc | count | | - | | |
| | | Bank/Walmart | Last 4 digits of acc | count number | 5024 | | \$0.00 | | |
| | Nonpriority Cred Attn: Bankr Po Box 103 Roswell, GA | uptcy 104 | When was the debt | t incurred? | Opened 6/01/92 Last Active 9/11/00 | | - | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | | | As of the date you file, the claim is: Check all that apply | | | | | | |
| | | | ☐ Contingent | | | | | | |
| | | | ☐ Unliquidated | | | | | | |
| | | | ☐ Disputed | | | | | | |
| | Debtor 1 and | d Debtor 2 only | Type of NONPRIOR | RITY unsecured | l claim: | | | | |
| | ☐ At least one | of the debtors and another | ☐ Student loans | | | | | | |
| | | s claim is for a community debt | | | ration agre | eement or divorce that you did not | | | |
| | No | bject to offset? | report as priority clai | | g plans, ar | nd other similar debts | | | |
| | ☐ Yes | | Other. Specify | Charge Acc | count | | | | |
| Part 3: | List Others | s to Be Notified About a Debt | That You Already I | istad | | | | | |
| 5. Use thi trying t more tl | s page only if y to collect from han one credito | ou have others to be notified about you for a debt you owe to someone or for any of the debts that you liste r 2, do not fill out or submit this pa | t your bankruptcy, for e else, list the original ed in Parts 1 or 2, list | r a debt that yo | ts 1 or 2, | then list the collection agency her | e. Similarly, if you have | | |
| Name an -NONE | d Address - | | which entry in Part 1 o e of (Check one): | P | art 1: Cred | ginal creditor? ditors with Priority Unsecured Claims ditors with Nonpriority Unsecured Cla | ims | | |
| | | Las | st 4 digits of account nu | ımber | | | | | |
| Part 4: | Add the Ar | mounts for Each Type of Unse | cured Claim | | | | | | |
| | he amounts of ecured claim. | certain types of unsecured claims. | This information is fo | or statistical rep | oorting pu | rposes only. 28 U.S.C. §159. Add t | he amounts for each type | | |
| | | | | | | Total claim | | | |
| Total cla | 6a. | Domestic support obligations | | | 6a. | \$ 0.00 | _ | | |
| from Pa | | Taxes and certain other debts yo | u owe the governmen | nt | 6b. | \$ 0.00 | | | |
| | 6c. | Claims for death or personal inju | - | | 6c. | \$ 0.00 | _ | | |
| | 6d. | Other. Add all other priority unsecu | red claims. Write that a | amount here. | 6d. | \$ 0.00 | _ | | |
| | 6e. | Total. Add lines 6a through 6d. | | | 6e. | \$0.00 | - | | |

Total claims from Part 2

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Total Claim

6f.

6g.

0.00

0.00

6f.

6g.

Student loans

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Debtor 1 Alice Faye Whalen

| 6h. 6i. | Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here. | 6h. 6i. | \$ 0.00 46,818.00 |
|------------|--|------------|-------------------------|
| 6j. | Total. Add lines 6f through 6i. | 6j. | \$ 46,818.00 |

| | | Docume | IIL I duc of oi oo | |
|---------------------|--------------------------|-------------------|--------------------|--------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Alice Faye Whale | n | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | — 0 |
| (if known) | | | | Check if this is a |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I | Person or | company with Name, Number | whom you have the r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | - |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | - |
| | | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | ramo | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| _ | Name | | | | _ |
| | 1401110 | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | - |
| | • | | | | |

| | | Docume | nt Page 32 c | of 55 | |
|-------------------------------|--|--------------------------------|---------------------------|--|---|
| Fill in this | information to identify you | r case: | | | |
| Debtor 1 | Alice Faye Whal | en | | | |
| D 14 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numl | ber | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| O.(;; .; | I F 400I I | | | | |
| | I Form 106H | | | | |
| Sched | lule H: Your Cod | debtors | | 12/15 | |
| | you have any codebtors? (I | f you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No □ Yes | S | | | | |
| | hin the last 8 years, have yo a, California, Idaho, Louisian | | | ry? (Community property states and territories include nington, and Wisconsin.) | |
| _ | | -, | | | |
| | Go to line 3. | ougo, or logal equivalent live | a with you at the time? | | |
| □ res | s. Did your spouse, former sp | ouse, or legal equivalent live | e with you at the time? | | |
| in line Form | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | r if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Offici 06G). Use Schedule D, Schedule E/F, or Schedule G to | |
| | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | | | | ☐ Schedule D, line | - |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Debtor 1 Alice Faye Whalen Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is: | | | |
|---|---|--|--|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| | | | |
| Case number Check if this is: | | | |
| (If known) ☐ An amended filing ☐ A supplement showin 13 income as of the fo | | | |
| Official Form 106I | ollowing date. | | |
| Schedule I: Your Income | 12/15 | | |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are eq supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include infor spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If mattach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part 1: Describe Employment | rmation about your nore space is needed, | | |
| 1. Fill in your employment information. Debtor 1 Debtor 2 or non-fi | iling spouse | | |
| If you have more than one job, attach a separate page with Employment status* | ☐ Employed | | |
| information about additional Not employed | ☐ Not employed | | |
| employers. Occupation School Bus Driver | | | |
| Include part-time, seasonal, or self-employed work. Employer's name First Student Management | | | |
| Occupation may include student or homemaker, if it applies. Employer's address 600 Vine Street, 1200 Cincinnati, OH 45202 | | | |
| How long employed there? 4 months | | | |
| *See Attachment for Additional Employment Inf | formation | | |
| Part 2: Give Details About Monthly Income | | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. In spouse unless you are separated. | nclude your non-filing | | |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the more space, attach a separate sheet to this form. | lines below. If you need | | |
| | btor 2 or ing spouse | | |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$1,880.00 \$ | N/A | | |
| 3. Estimate and list monthly overtime pay. 3. +\$ +\$ | N/A | | |
| 4. Calculate gross Income. Add line 2 + line 3. 4. \$ | N/A | | |

Official Form 106I Schedule I: Your Income page 1

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| Debtor 1 | | Alice Faye Whalen | | Case number (if known) | | | | |
|----------|-------------------------------|---|------------|------------------------|--------------|----------|----------------------|--------------|
| | | | | For | Debtor 1 | | btor 2 or | |
| | Cop | y line 4 here | 4. | \$ | 1,880.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| ٠. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 169.03 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5a. 5b. | \$ — | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | <u>\$</u> — | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | · - | | + \$ | N/A | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | \$ | 169.03 | \$ | N/A | |
| | | | | · — | | - | | |
| 7. - | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,710.97 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$— | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | · - | 0.00 | \$ | N/A | |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive | 8e. | \$ | 0.00 | Φ | N/A | |
| | Oi. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | \$ | 0.00 | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | | ,710.97 + \$ | | N/A = \$ | 1,710.97 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ΙΟ. Ψ | | Ψ_ | <u> </u> | " - " - | 1,7 10.97 |
| 11. | Stat Inclu othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depen | • | • | • | nedule J. 11. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certalies | | | | | 12. \$ | 1,710.97 |
| 10 | D | well expect an increase or decrease within the year often year file this forms | 2 | | | | Combin- monthly | ed income |
| ι٥. | | you expect an increase or decrease within the year after you file this form No. Yes Explain: | • | | | | | |

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| Debtor 1 | Alice Faye Whalen | Case number (if known) |
|----------|-------------------|------------------------|
|----------|-------------------|------------------------|

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|---------------------|--|
| Occupation | Clerk | |
| Name of Employer | Sherwin WIlliams | |
| How long employed | December 2015 | |
| Address of Employer | P.O. Box 6639 | |
| | Cleveland, OH 44101 | |

Official Form 106I Schedule I: Your Income page 3

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| Fill in | n this informa | ation to identify y | our case: | | | | | | |
|----------------|---|---------------------------------------|------------------|--|-----------------------|------------|-----------------|---|-------|
| Debte | or 1 | Alice Faye V | Vhalen | | | Ch | eck if this is: | | |
| | _ | | | | | | An amended | J | |
| Debte (Spor | or 2 use, if filing) | | | | | | | t showing postpetition class of the following date: | |
| Unite | United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | | | | MM / DD / YY | YY | |
| | | ruptcy Court for the | NOITH | ILIAN DIOTATOT OF ILLIA | | | WIWI / DD / TT | 11 | |
| (If kn | e number own) | | | | | | | | |
| | | orm 106J | | | | | | | |
| | | J: Your | | | | | | | 12/15 |
| info | rmation. If m | | eded, atta | . If two married people a ach another sheet to this n. | | | | | |
| Part | | ribe Your House | ehold | | | | | | |
| 1. | Is this a join | | | | | | | | |
| | ■ No. Go to | | in a sona | rate household? | | | | | |
| | □ res. Doe | | iii a sepai | ate nousenoid? | | | | | |
| | = - | - | st file Offic | ial Form 106J-2, Expense | s for Separate Hous | ehold of D | ebtor 2. | | |
| 2. | Do you hay | e dependents? | ■ No | | | | | | |
| ۷. | Do not list D | - | | Fill out this information for | Dependent's relati | ionshin to | Dependent | 's Does dependen | .4 |
| | and Debtor 2 | | ☐ Yes. | each dependent | Debtor 1 or Debto | | age | live with you? | |
| | Do not state | the | | | | | | □ No | - |
| | dependents | names. | | | | | | Yes | |
| | | | | | | | | □ No □ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | Pes | |
| | | | | | | | | □ No | |
| 3. | Do your exi | penses include | _ | | | | | Pes | |
| 0. | expenses o | f people other t | han _— | No Yes | | | | | |
| | yourself an | d your depende | nts? | 103 | | | | | |
| | | nate Your Ongoi | | | | - | | 01 1 10 | |
| expe | | a date after the | | uptcy filing date unless y sy is filed. If this is a sup | | | | | |
| Incl | ude expense | es paid for with | non-cash | government assistance | if you know | | | | |
| | value of suc icial Form 10 | | d have in | cluded it on Schedule I: | Your Income | | You | expenses | |
| (0 | | , | | | | _ | | · | |
| 4. | | or home owners and any rent for th | | nses for your residence. or lot. | Include first mortgag | ge 4. | \$ | 886.44 | |
| | If not include | ded in line 4: | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 | |
| | | erty, homeowner' | | | | 4b. | · | 0.00 | |
| | | e maintenance, re eowner's associa | | upkeep expenses | | 4c. 4d. | · | 50.00 | |
| 5. | | | | oominium dues our residence, such as ho | ome equity loans | 4a. 5. | | 0.00 162.94 | |
| | | J. J. P | , | , 5001. 00110 | ,, | | • | . 0=.0 1 | |

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| Debtor 1 | Alice Faye Whalen | Case num | ber (if known) | |
|-------------------------|--|--------------|------------------|--------------------------|
| 6. Utili | ties: | | | |
| 6. U tili 6a. | Electricity, heat, natural gas | 6a. | \$ | 155.00 |
| 6b. | Water, sewer, garbage collection | 6b. | | 65.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 105.95 |
| 6d. | Other. Specify: | 6d. | · | |
| | | | · | 0.00 |
| | d and housekeeping supplies | 7. | \$ | 400.00 |
| _ | dcare and children's education costs | 8. | \$ | 0.00 |
| | hing, laundry, and dry cleaning | 9. | | 25.00 |
| | sonal care products and services | 10. | \$ | 20.00 |
| . Med | ical and dental expenses | 11. | \$ | 0.00 |
| 2. Trar | sportation. Include gas, maintenance, bus or train fare. | | _ | 0.00 |
| | not include car payments. | 12. | · | 0.00 |
| 3. Ente | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| ₊. Cha | ritable contributions and religious donations | 14. | \$ | 0.00 |
| . Ins เ | rance. | | | |
| Do r | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insurance | 15a. | \$ | 0.00 |
| 15b. | Health insurance | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 56.75 |
| | Other insurance. Specify: | 15d. | · | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | <u> </u> | 0.00 |
| Spe | | 16. | \$ | 0.00 |
| | allment or lease payments: | | * | 0.00 |
| | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | • • | 17a. 17b. | • | |
| | Car payments for Vehicle 2 | | · | 0.00 |
| | Other. Specify: | 17c. | | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report a | | ¢. | 0.00 |
| ded | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I) | . 18. | | |
| 9. Oth | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | · | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sch | | | |
| 20a. | Mortgages on other property | 20a. | \$ | 0.00 |
| 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. | · | 0.00 |
| | er: Specify: | 21. | · | |
| . Jun | er: Specily: | | -Ψ | 0.00 |
| 2. Cald | culate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 1.927.08 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | .,021100 |
| | | | l ' | 4 007 00 |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,927.08 |
| 3. Calc | culate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,710.97 |
| | Copy your monthly expenses from line 22c above. | 23b. | · | 1,927.08 |
| 230. | Copy your monthly expenses nom line 226 above. | ۷۵۵. | Ψ | 1,927.08 |
| 220 | Subtract your monthly expenses from your monthly income | | | |
| ∠3C. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | -216.11 |
| | The result is your <i>monthly het income.</i> | 200. | L* | |
| 4 Do | you expect an increase or decrease in your expenses within the year offer y | ou filo 4hio | form? | |
| | you expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect your | | | or decrease because of s |
| | fication to the terms of your mortgage? | mortgage pa | yment to morease | or decrease because or a |
| | , , , | | | |
| | | | | |
| | 'es. Explain here: | | | |

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| Fill in this infor | rmation to identify your | case: | | | |
|-------------------------------------|--|--------------------------|----------------------|--|---|
| Debtor 1 | Alice Faye Whale | n | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | _ | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official Fori Declara t | | n Individual | Debtor's | Schedules | 12/15 |
| obtaining mone years, or both. 1 | | connection with a bank | | | tement, concealing property, or 000, or imprisonment for up to 20 |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill | out bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | . Attach <i>Bankruptcy Peti</i> and Signature (Official F | tion Preparer's Notice, Declaration, orm 119). |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedule | es filed with this declarat | ion and |
| Y /e/ Alia | co Favo Whalen | | Х | | |
| | ce Faye Whalen Faye Whalen | | | ire of Debtor 2 | |
| | re of Debtor 1 | | J.g.iata | | |

Date

Date **January 28, 2016**

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| Fill | in this inforn | nation to identify you | r case: | | | |
|------------|--------------------------------|---|--|---|--|---|
| Deb | otor 1 | Alice Faye Whal | | | | |
| Deh | otor 2 | First Name | Middle Name | Last Name | | |
| | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ted States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Cas | e number | | | | | |
| (if kn | | | | | | Check if this is an amended filing |
| | ficial Fo | | | | | |
| Sta | atement | of Financial | Affairs for Individ | luals Filing for B | ankruptcy | 12/1 |
| nfoi | rmation. If m ber (if knowr | ore space is needed,). Answer every que | attach a separate sheet to | are filing together, both are this form. On the top of an Lived Before | | |
| ۱. | What is your | current marital statu | ıs? | | | |
| | ☐ Married | | | | | |
| | ■ Not mar | ried | | | | |
| 2. | During the Is | et 3 years have you | lived anywhere other than | where you live now? | | |
| - - | _ | ist o years, nave you | iived arrywriere other than | where you live now : | | |
| | ■ No | t all of the places you | ived in the last 3 years. Do n | ot include where you live nov | ı | |
| | | | · | · | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | gal equivalent in a commur vada, New Mexico, Puerto R | | |
| | ■ No | | | | | |
| | | ke sure you fill out <i>Sci</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Par | t 2 Explain | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once un | -time activities. | endar years? |
| | □ No | | | | | |
| | ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | last calenda nuary 1 to De | year: cember 31, 2015) | ■ Wages, commissions, bonuses, tips | \$18,369.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | | | | | | |

Official Form 107

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| | | | Debtor 1 | | Debtor 2 | |
|--------------------------------|--------------------------------------|-----------------------------|---|---|--|---|
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | ndar year bef December 3 | | ■ Wages, commissions, bonuses, tips | \$21,001.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| 2013 Joint in Wife | come for Hu | sband and | ■ Wages, commissions, bonuses, tips | \$19,434.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| List each | • | ne gross inco | ou are filing a joint case and you me from each source separa Debtor 1 Sources of income | • | | e under Debtor 1. Gross income |
| | | | Describe below | (before deductions and exclusions) | Describe below. | (before deductions and exclusions) |
| | ndar year bef December 3 | | Retirement Income | \$8,126.00 | | |
| | | | Interest / Dividends | \$183.00 | | |
| For the caler (January 1 to | ndar year: o December 3 | 31, 2013) | Interest / Dividends | \$166.00 | | |
| 2013 | | | Retirement Income | \$47,170.00 | | |
| Part 3: Lis | st Certain Pay | ments You | Made Before You Filed for | Bankruptcy | | |
| | er Debtor 1's Neither De | or Debtor 2 btor 1 nor D | 's debts primarily consumer Debtor 2 has primarily consu personal, family, or househo | r debts? umer debts. Consumer debts | s are defined in 11 U.S.C. § 1 | 01(8) as "incurred by a |
| | | • | ore you filed for bankruptcy, di | id you pay any creditor a tota | I of \$6,225* or more? | |
| | □ _{No.} □ _{Yes} | Go to line 7 | '. each creditor to whom you pai | id a total of \$6 225* or more i | n one or more payments and | the total amount you |
| | | paid that cr not include | editor. Do not include paymer payments to an attorney for the ton 4/01/16 and every 3 year | nts for domestic support oblights bankruptcy case. | gations, such as child support | and alimony. Also, do |
| ■ Yes. | | | or both have primarily consure you filed for bankruptcy, di | | I of \$600 or more? | |
| | ■ No. | Go to line 7 | | | | |
| | □ _{Yes} | include pay | each creditor to whom you pai ments for domestic support o for this bankruptcy case. | | | |
| Craditor | r's Name and | Addross | Dates of navimo | nt Total amount | Amount you Was this | normant for |

paid

still owe

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| 7. | Within 1 year before you filed for bankruptur Insiders include your relatives; any general pacorporations of which you are an officer, directincluding one for a business you operate as a support and alimony. ■ No □ Yes. List all payments to an insider | rtners; relatives of any ger tor, person in control, or ov | neral partners; partner vner of 20% or more | erships of which your of their voting sec | ou are a general population are a general population are a general population are are are are are are are are a | partner; managing agent, |
|-----|--|---|--|---|---|-----------------------------|
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the | is payment |
| 8. | Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cost No Yes. List all payments to an insider | | ments or transfer a | any property on a | ccount of a deb | t that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include credito | |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| | Discover Bank v. Alice F Whalen 15 AR 37 | Debt Collection | Circuit Court fo County 601 Maint St Belvidere, IL 61 | | ■ Pending □ On appeal □ Concluded | |
| 10. | Within 1 year before you filed for bankrupte. Check all that apply and fill in the details below No Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garnis | hed, attached, s | seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details. | | luding a bank or fii | nancial institutior | n, set off any am | ounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date : | action was | Amount |
| 12. | Within 1 year before you filed for bankruptocourt-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | ion of an assigne | e for the benefit | t of creditors, a |

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| Par | t 5: List Certain Gifts and Contributions | ıs | | | |
|-----|---|---------|--|-----------------------------------|---------------------------|
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | uptcy, | did you give any gifts with a total value of more | than \$600 per person | ? |
| | Gifts with a total value of more than \$600 per person | | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | | did you give any gifts or contributions with a to | tal value of more than | \$600 to any charity |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | total | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrup disaster, or gambling? No Yes. Fill in the details. | iptcy o | r since you filed for bankruptcy, did you lose an | ything because of the | ft, fire, other |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the loss de the amount that insurance has paid. List ng insurance claims on line 33 of Schedule A/B: erty. | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | s | | | |
| 16. | consulted about seeking bankruptcy or p | prepar | did you or anyone else acting on your behalf pay ring a bankruptcy petition? ers, or credit counseling agencies for services requir | | rty to anyone you |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Crosby Law Firm 475 Executive Parkway Rockford, IL 61107 | | Plus cost | | \$2,500.00 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that | ditors | | or transfer any prope | rty to anyone who |
| | ■ No | | | | |
| | Yes. Fill in the details. Person Who Was Paid | | Description and value of any property | Date payment | Amount of |
| | Address | | transferred | or transfer was made | payment |

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Debtor 1 Alice Faye Whalen

| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your but include both outright transfers and transfers made include gifts and transfers that you have already | siness or financial af de as security (such as | fairs? the granting of a | | | | |
|-----|--|--|-----------------------------|--------------|---|--------------------------------|--------|
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address | Description and property transfer | | payme | be any property or nts received or debts exchange | Date transfer made | was |
| | Person's relationship to you | | | | · · | | |
| 19. | Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protein No | | ny property to a | self-settled | d trust or similar device | of which you a | are a |
| | Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and | value of the pro | perty trans | ferred | Date Transfe made | r was |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Depos | it Boxes, and St | orage Unit | S | | |
| 20. | Within 1 year before you filed for bankruptcy, | , were any financial a | ccounts or instr | uments hel | d in your name, or for y | our benefit, clo | osed, |
| | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No | | | | ; shares in banks, cred | it unions, brok | erage |
| | Yes. Fill in the details. | | | | | | |
| | | Last 4 digits of account number | Type of account instrument | int or | Date account was closed, sold, moved, or transferred | Last ba before closi tra | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed fo | or bankruptcy, ar | ny safe dep | osit box or other depos | sitory for securi | ities, |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe t | he contents | Do you stil | II |
| 22. | Have you stored property in a storage unit or | place other than you | ır home within 1 | year before | e you filed for bankrupt | су | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe t | he contents | Do you stil have it? | II |
| Par | t 9: Identify Property You Hold or Control for | · | | | | | |
| 23. | Do you hold or control any property that som for someone. | | lude any proper | ty you borr | owed from, are storing | for, or hold in t | trust |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe t | he property | | Value |
| Par | t 10: Give Details About Environmental Infor | rmation | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 5 Case 16-80200 Doc 1 Filed 01/29/16 Entered 01/29/16 12:34:31 Desc Main Document Page 44 of 55

Case number (if known)

Debtor 1 Alice Faye Whalen

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Court or agency Nature of the case | Date of notice | | |
|--|--------------------|--|--|
| No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Title Case Number Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connections to any business or have any of the following connect | Date of notice | | |
| Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) ZIP Code) | Date of notice | | |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 7. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any but A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership | Date of notice | | |
| No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Press Fill in the details. Case Title Case Number Case Number Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 7: Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business or base and connections to any business or lamber of a limited liability company (LLC) or limited liability partnership (LLP) | | | |
| Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) D. | | | |
| Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Nature of the case State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any but A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership | | | |
| No Yes. Fill in the details. Case Title Case Number Case Number Case Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any but A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership | d orders. | | |
| ☐ Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Nature of the case State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any butout a sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership | | | |
| Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any but A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership | | | |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any bu A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership | Status of the case | | |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership — | | | |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership — | usiness? | | |
| ☐ A partner in a partnership | | | |
| | | | |
| ☐ An officer, director, or managing executive of a corporation | | | |
| | | | |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | |
| No. None of the above applies. Go to Part 12. | | | |
| ☐ Yes. Check all that apply above and fill in the details below for each business. | | | |
| Business Name Describe the nature of the business Employer Identification number Do not include Social Security num | mber or ITIN | | |
| (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper | mber of frint. | | |
| Dates business existed 8. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statement, creditors, or other parties. | | | |
| ■ No □ Yes. Fill in the details below. | | | |
| Name Address (Number, Street, City, State and ZIP Code) | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

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Case number (if known) Document

Debtor 1 Alice Faye Whalen

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Alice Faye Whale | ı |
|--|---|
| Alice Faye Whalen Signature of Debtor 1 | Signature of Debtor 2 |
| Date January 28, 2 | 16 Date |
| Did you attach addition | I pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| No | |
| ☐ Yes | |
| Did you pay or agree to | pay someone who is not an attorney to help you fill out bankruptcy forms? |
| No | |
| Yes. Name of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this infor | Fill in this information to identify your case: | | | | |
|------------------------|---|-------------------|-------------|--------------------------------------|--|
| Debtor 1 | Alice Faye Whale | n | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | ☐ Check if this is an amended filing | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|--|---|
| Creditor's Ditech Financial Llc | ■ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of Single Family Residence | ☐ Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property commonly known as 1711 securing debt: Foxfield Dr., Belvidere, IL 61008 | ☐ Retain the property and [explain]: | |
| Creditor's Fifth Third Bank | ■ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of Single Family Residence | ☐ Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property commonly known as 1711 securing debt: Foxfield Dr., Belvidere, IL 61008 | ☐ Retain the property and [explain]: | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| B8 (Form 8) (12/08) | Page 2 |
|--|--|
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention | n about any property of my estate that secures a debt and any personal |
| property that is subject to an unexpired lease. | |
| X /s/ Alice Faye Whalen | XSignature of Debtor 2 |
| Alice Faye Whalen Signature of Debtor 1 | orginature or Debtor 2 |
| Date | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-80200 Doc 1 Filed 01/29/16 Entered 01/29/16 12:34:31 Desc Main Document Page 52 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Alice Faye Whalen | | Case No. | | |
|-------|---|--|---|----------------------------------|-----------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTORN | NEY FOR DE | EBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplatio | ling of the petition in bankruptcy, or | agreed to be paid | to me, for services r | |
| | For legal services, I have agreed to accept | | \$ | 2,500.00 | |
| | Prior to the filing of this statement I have receive | ed | \$ | 2,500.00 | |
| | Balance Due | | | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | \blacksquare Debtor \square Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed cor | npensation with any other person un | aless they are mem | bers and associates of | of my law firm. |
| | ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the manner. | | | | law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspects of | of the bankruptcy | case, including: | |
| | a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Negotiations with secured creditors to | tatement of affairs and plan which m litors and confirmation hearing, and o reduce to market value; exem | nay be required; any adjourned hea nption planning | rings thereof; ; preparation and | filing of |
| | reaffirmation agreements and applicate 522(f)(2)(A) for avoidance of liens on h | nons as needed; preparation a nousehold goods. | na ming or mot | ions pursuant to | 11 050 |
| 6. | By agreement with the debtor(s), the above-disclosed a Representation of the debtors in any cany other adversary proceeding. | fee does not include the following so | ervice: al lien avoidanc | es, relief from sta | y actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of a pankruptcy proceeding. | any agreement or arrangement for pa | nyment to me for re | epresentation of the o | lebtor(s) in |
| J | anuary 28, 2016 | /s/ Douglas Miller | | | |
| I | Date | Douglas Miller 6308 Signature of Attorney | 3020 | | |
| | | The Crosby Law Fir | | | |
| | | 475 Executive Park | way | | |
| | | Rockford, IL 61107 (815) 397-2006 Fax | c: (815) 394-195 | 5 | |
| | | dmiller@thecrosby | | - | |
| | | Name of law firm | | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Alice Faye Whalen | | Case No. | |
|-------|--|--|-------------------------------|---------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | ERIFICATION OF CREDITOR M | 1ATRIX | |
| | | Number of | Creditors: | 16 |
| | The above-named Debtor(s) (our) knowledge. |) hereby verifies that the list of credi | tors is true and correct to t | he best of my |
| Date: | January 28, 2016 | /s/ Alice Faye Whalen Alice Faye Whalen | | |

American General Financial/Springleaf Fi Springleaf Financial/Attn: Bankruptcy De Po Box 3251 Evansville, IN 47731

Cap1/frnrw 26525 N Riverwoods Blvd Mettawa, IL 60045

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Pob 30253 Salt Lake City, UT 84130

Chase- BP Chase Card Svcs/Attn:Bankruptcy Dept Po Box 15298 Wilmington, DE 19850

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Ditech Financial Llc Po Box 6172 Rapid City, SD 57709

Fia Csna/Bank of America Attn: Bankruptcy Po Box 15102 Wilmington, DE 19886

Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 East Paris Ave. Grand Rapids, MI 49546 Ford Motor Credit Corporation Ford Motor Credit Po Box 6275 Dearborn, MI 48121

Midland Funding 2635 Northside Dr Ste 300 San Diego, CA 92108

Rockford Mercantile 2502 S. Alpine Rd Rockford, IL 61108

Sears/cbsd Citicard Credit Srvs/Centralized Bankrup Po Box 20363 Kansas City, MO 64195

Synchrony Bank/ HH Gregg Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Synchrony Bank/Care Credit Attn: bankruptcy Po Box 103104 Roswell, GA 30076

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 103104 Roswell, GA 30076